

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/838,927-Conf. #2178
Filing Date	April 19, 2001
First Named Inventor	Seth Harman
Art Unit	3622
Examiner Name	J. W. Van Bramer
Attorney Docket Number	65164/P001CP1/10606083

To: **Commissioner for Patents**
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners of record associated with Customer Number: 000029053

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled. See note below.
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

We will deliver to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled immediately upon approval of this request.

Request for Withdrawal as Attorney or Agent

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: May 8, 2009

Signature: Donna Dobson (Donna Dobson)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

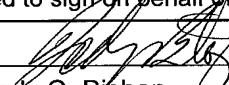
B. <input checked="" type="checkbox"/> Inventor or Assignee Name	Simple.com, Inc. c/o Warga Professional Corporation
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Address	1090 Don Mills Road, Suite 500
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City	Toronto	State	ON	Zip	M3C 3R6	Country	CA
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Telephone	(416) 642-3000	Email	seth@simple.com
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	
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Name	Jody C. Bishop	Registration No.	44,034
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Address	Fulbright & Jaworski L.L.P. 2200 Ross Avenue, Suite 2800
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City	Dallas	State	TX	Zip	75201-2784	Country	US
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Date	May 8, 2009	Telephone No.	(214) 855-8007
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NOTE: Withdrawal is effective when approved rather than when received.